

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015528

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2202

FILED MAY 7 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 20 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If outside, give location) 6231 VALLEY ROAD	
3. NAME OF DECEASED (Type or print) First Middle Last RALPH L WARREN		4. DATE OF DEATH Month Day Year APRIL 19 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/9/93
9. AGE (last birthday) 68		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) AFTON, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ELIJAH WARREN		13b. MOTHER'S MAIDEN NAME CORDELIA LANE	
14. NAME OF HUSBAND OR WIFE MRS. ALICE WARREN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES WORLD WAR I	
16. SOCIAL SECURITY NO.		17. INFORMANT MRS. ALICE WARREN KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) Acute Coronary Thrombosis - Myo. Infarct 2 mo. DUE TO (c) Hypertension - Atherosclerosis C. V. Disease 10 yrs.		INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sudden ulcer - chronic		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1952 to April 19, 1962 and last saw him alive on April 19, 1962		Death occurred at 11:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Frank B. Newcomer (Degree or title)		22b. ADDRESS 1539 1/2 N. 1st St. Tulsa, Ok 74103	
22c. DATE SIGNED APR. 22, '62		22d. DATE SIGNED APR 20 1962	
23a. NAME OF CEMETERY OR CREMATION FAIRVIEW CEMETERY		23b. LOCATION (City, town, or county) (State) VINITA OKLAHOMA	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 4-20-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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W. Frank Bentley, D.D.
1536 Providence Bldg.
12150-5000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Norman W. Larson

Licensed Embalmer No. 4889

P. O. Address

Fathery, Wle.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.